

TRADE , EXHIBITORS AND FOOD VENDORS DOCUMENTS FOR HEALTH AND SAFETY

Company Name:	Date:
EXHIBITOR	FOOD VENDOR (please circle one)

Please acknowledge below the documents your Company has in place as part of your Health & Safety Management Plan. The documents could be required to be produced by the following methods but are not limited to the schedule below.

- Wanaka A & P reserves the right to do a random audit or a scheduled audit of your health and safety systems.
- Worksafe New Zealand may conduct an investigation of your processes as a result of a serious harm accident or as part of their duties under the Worksafe New Zealand Act 2015.

Document	YES	NO	N/A
Health and Safety Policy			
Health and safety manual			
Workplace drug and alcohol policy			
Risk identification			
Hazardous substance register			
Accident/Incident / Near Miss register			
Investigation report for Accident/Incident/near Miss reporting			
Health & Safety meeting minutes			
SOP (safe operating procedures)			

Submit **ONLY** the documents below if available.

✓ Indemnity Insurance Certificate (copy)			
✓ Risk Management Register or Hazard Register			

Gas & Electricity – Please indicate if you are using either, gas, electricity or both.	Yes	No	N/A
Gas			
If answered yes to above are gas cylinders currently certified			
Do you have a 2kg dry chemical fire extinguisher in your stall			
Electricity			
If answered yes to above, do the cords, leads, and power connections have current test & tagging certification.			

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HEALTH AND SAFETY ASSESSMENT DECLARATION:

I/WE hereby confirm that the responses given are true and accurate and that the persons employed or engaged by me/us:

- (a) Have the appropriate qualifications, certifications, skills and experience to carry out the work I/WE have been engaged to undertake safely; and
- (b) Will adhere to applicable health and safety legislation (including the Health and Safety at Work Act 2015) and Wanaka A & P Show safety policy and procedures. Available on website or on request.
- (c) The Company undertakes to advise Wanaka A & P show of any alterations, additions or amendments to the information given in this document.
- (d) Have read and acknowledge below all items outlined in the Document section for Health and Safety Information.
- (e) Wanaka A & P have a comprehensive drug and alcohol policy to ensure that their workplaces have zero tolerance for this type of serious substance risk. Signing this declaration is an acknowledgement that your company and staff will abide by this policy. A copy of this policy and procedures can be available on request.
- (f) The Company acknowledges that they will advise Wanaka A & P within 5 working days of an Improvement or Prohibition notice issued by Worksafe. This includes all workplaces which the Company has had involvement with.
- (g) The Company acknowledges that as part of the operation to be undertaken, there may be a requirement for an employee to work alone and unsupervised. As part of this procedure, you acknowledge that they have the necessary Safe Operating Procedures (SOPs) in place to allow the operation to proceed safely.
- (h) All forms and documents supplied are true and accurate copies. If there have been any alterations or additions to any of the documents supplied, the Company accepts it is its responsibility to advise Wanaka A & P of those changes, either in writing or electronically,

This contract will be reviewed on an annual basis and will include health and safety performance, and compliance, before review. Failure to comply with the Wanaka A & P health and safety policies and procedures could be a reason not to renew the contract.

Company Name:	
Person completing form:	Position:
Signature:	Date:
Email Address:	
Phone	Mobile